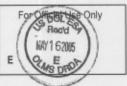
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

	Personance Control				
1. File Number U - 2095			2. Fiscal Year Covered From:		
			1 / 1 / 2004 Through	: 12 / 31 / 2004	
3. Name and address of person filling.			Name, file number, and address of labor organization.		
Name	Ambrose	Cucinotta	Name Seafarers International	Union of NA, AGLIWD	
			Labor Organization File Number 052-78	9	
P.O. Box, Bldg., Room No., if any			P.O. Box, Building and Room Number, if any		
, i.e. son, siegi, recent in any					
Street	1936 SW 150 Terrace		Street 5201 Auth Way		
City	Sunrise		City Camp Springs		
State	Florida	ZIP Code + 4 33326	State Maryland	ZIP Code + 4 20746	
5. Posit	tion in labor organization.	sistant Vice President			
Ent	ter appropriate data below If, d	uring the past fiscal year, you or yo	ur spouse or minor child directly or indirectly had any	of the following interests	
		(except as specified in th	e exclusions set forth in the instructions):		
A. Hel	d an interest in, engaged in	transactions (including loans) wi	th, or derived income or other economic benefit o	1	
			zation represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.		
Name and address of Employer (including trade name, if any).					
Name					
Trade	Name, if any:				
00.0	Day Dida Dass No. Kasy				
P.O. Box, Bldg., Room No., if any			7.b. Amount.		
Street					
City					
ony					
State		ZIP Code + 4			
Signature					
15. 8	Signature and verification. The	ne undersigned declares, under pen	alty of Perjury and other applicable penalties of the lav	, that all of the information	
subn	mitted in this report (including the ersigned's knowledge and belie	e information contained in any acco if, true, correct, and complete. (See	mpanying documents), has been examined by the sign the section on penalties in the instructions.)	atory and is, to the best of the	

B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oft of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organ	herwise dealing with the business actively seeking to represent, or indirectly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	9. Business deals with: a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing.	
Street	44 h. Approximate dellar value of such dealing	
City	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	
State ZIP Code + 4		
	12.b. Amount.	
C. Received from any employer (other than an employer covered upon from any labor relations consultant to an employer any payment of more statement of the second statement of		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment. \$60	